SITE REVIEW FORM (VENDED PROGRAMS) SUMMER FOOD SERVICE PROGRAM NOTE: To be completed during first four weeks of operations. Sponsor: _____ Site contact:_____ Name Title Site address: Telephone: Date of review: _____ Monitor's arrival time: Departure time:_____ Site supervisor:_____ Regular site: _____ Camp site: _____ Average daily participation: _____ (if applicable) Today's attendance: _____ Approved meal service time: _____ Type(s) of meals reviewed: Breakfast Snack Lunch Snack Supper Approved level(s) of meal service

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals delivered					
# meals/milk from previous day					
Time meals delivered					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW				
		1. Does the staffing pattern correspond to that listed on the approved site sheet?				
		2. Has the site supervisor attended training session?				
		3. Does the site have sufficient food service supervision?				
		4. Are meals counted/checked before signing delivery receipt?				
		5. Are accurate meal counts taken of meals served?				
		6. Are meals served as second meals excessive?				
		7. Are records of adult meals being kept?				
		8. Do meals meet approved menu?				
		9. Do meals meet meal pattern requirements?				
		10. Are meals checked for quality?				
		11. Is there proper sanitation/storage?				
		12. Is the site supervisor following procedures established to make meal order adjustments?				
		13. Are meals served within appropriate time frames?				
		14. Are all meals served and consumed onsite? (Note if State Agency and sponsor allow fruits or vegetables to be taken off-site).				
		15. Does site have a place to serve children meals in case of inclement weather?				
		16. Is each meal served as a unit?				
		17. Is the meal delivery schedule followed?				
		18. Are there provisions for storing or returning excess meals?				
		19. Is there documentation of children's income eligibility, if applicable?				
		20. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?				
		21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?				
		22. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?				
		23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?				
Explai	Explanations:					

MAJOR VIOLATIONS		ACTUAL COUNT	TYPE OF MEAL				
1. Adult meals included in count of meals s children.	erved to						
2. Offsite consumption. (Do not include fru vegetables if allowed by State Agency a							
3. More than one meal served at one time to	children.						
4. Meal pattern not met (specify).							
5. Meals not served as a unit.							
6. Meal serving times not met.							
CHECK IF THE FOLLOWING APPLY (Explain any checked items)		EXPLANATION					
7. No records							
8. Incomplete records							
9. Poor sanitation							
10. Other							
Corrective action discussed with (name and title):							
Corrective action taken:							
Site supervisor's comments:							
Further action needed by (date):							
I certify that the above information is correct:							
Monitor's signature	Date -	Site supervisor's signature	Date				
Sponsor representative's signature	Pate						